

AOC-JV-41 Doc. Code: ATE
 Rev. 6-16 Juv Id: _____
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 Commonwealth of Kentucky
 Court of Justice www.kycourts.gov
 KRS 159.140; 605.020; 630.060



**AFFIDAVIT AND TRUANCY
 EVALUATION FORM**

CDW Referral No. _____
 Case No. _____
 Court [] Family [] District
 County _____

Demographic Information:

Name:	DOB:	Grade:	Race:	Gender:
School:	SSN:			
Mother:	Father:			
Other Legal Guardian(s):			Relationship:	

Student resides with: (Please check all that apply)

<input type="checkbox"/> Both Parents Parent's Resident Address: Mailing Address(<i>if different than above</i>):		
Home Phone:	Cell Phone:	Work Phone:
<input type="checkbox"/> Mother Mother's Resident Address: Mailing Address(<i>if different than above</i>):		
Home Phone:	Cell Phone:	Work Phone:
<input type="checkbox"/> Father Father's Resident Address: Mailing Address(<i>if different than above</i>):		
Home Phone:	Cell Phone:	Work Phone:
<input type="checkbox"/> Other/Legal Guardian Other/Legal Guardian Resident Address: Mailing Address(<i>if different than above</i>):		
Home Phone:	Cell Phone:	Work Phone:

Truancy Information:

Total Absences:	Absences Unexcused:	Total Tardies:	Tardies Unexcused:
Total Days Not Enrolled:			
How many school years has this student been habitually truant:			

School Issues: (Please check all that apply)

<input type="checkbox"/> Skipping School <input type="checkbox"/> Low Academic Performance <input type="checkbox"/> Suspected Drug Involvement <input type="checkbox"/> Poor Peer Relationships	<input type="checkbox"/> Skipping Classes <input type="checkbox"/> Suspensions (# of events _____) <input type="checkbox"/> Suspected Alcohol Use <input type="checkbox"/> 504 Plan	<input type="checkbox"/> Behavior Issues <input type="checkbox"/> Suspected Gang Involvement <input type="checkbox"/> Bullying/Safety Concerns <input type="checkbox"/> IEP (Last ARC Date: _____)
Other School Concerns:		

Basic Needs Not Met In The Home:

- Food Clothing Shelter Medical Books Parental Care
 Other (Describe):

List any concerns from home visit(s):

What referrals or resources have been provided:

Causes of irregular attendance and truancy: (Describe the issues causing truancy.)

Interventions By School for Truancy (Please list dates of the following interventions attach a contact log if one is available.):

Phone Calls:	Date Final Notice was Delivered:
Letters Sent:	Final Notice Delivery Method: <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Certified Mail
Parent Conference:	Person who signed/Received Notice: _____
Student Conference:	
Home Visit(s):	Person Refused to Sign: <input type="checkbox"/>
Other:	
Did parent/guardian ever attend a Truancy Diversion Program meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Offered	

Additional pertinent information for the court, if any:

This form was:

Prepared by: _____
Name Title

Phone No. and Email Date

Affidavit

I, _____, the undersigned Affiant, state that I have read the foregoing and that the matters stated herein are true to the best of my information, knowledge, and belief.

Signature

Printed name

SWORN TO before me this _____ day of _____, 2_____.

Name _____ Title _____

Please attach the following reports: ● Attendance ● Behavior ● Grades ● FRYSC (if applicable)